

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
08/908,867

FILING DATE

APPENDIX(S)

CLAIMS

CLAIM NUMBER	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DER.	IND.	DER.	IND.	DER.
	IND.	DER.	IND.	DER.	IND.	DER.						
1							51					
2							52					
3							53	1				
4							54	4				
5							55	4				
6							56	4				
7							57	4				
8							58	1	4			
9							59	1				
10							60	2				
11							61	2				
12							62	2				
13							63	2				
14							64					
15							65					
16							66					
17							67					
18							68					
19							69					
20							70					
21							71					
22							72					
23							73					
24							74					
25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33	1						83					
34	1						84					
35		2					85					
36		2					86					
37		2					87					
38		2					88					
39		2					89					
40		2					90					
41	1						91					
42	1						92					
43	1						93					
44	1						94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.		0		0		0	TOTAL IND.	8	0		0	
TOTAL DER.		0		0		0	TOTAL DER.	36	0		0	
TOTAL CLAIMS		0		0		0	TOTAL CLAIMS	44	0		0	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS